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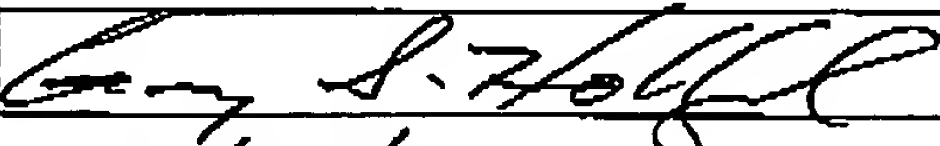
DATE: October 15, 2003	
PTO IDENTIFIER:	Application Number 09/761,969 Patent Number Inventor: Garrity et al.
TO: Examiner Cook, GAU.1641 FAX NUMBER: 703-872-9306	
FROM: Greg S. Hollrigel PHONE: 949-450-1750 Attorney Dkt. #: A1712	
PAGES (Including Cover Sheet): 23 ?	
CONTENTS: 1. Transmittal Form; 2. Fee Transmittal (in duplicate); 3. Amendment (16 pages) 4. Drawings (2 sheets); and 5. Declaration (1 sheet).	
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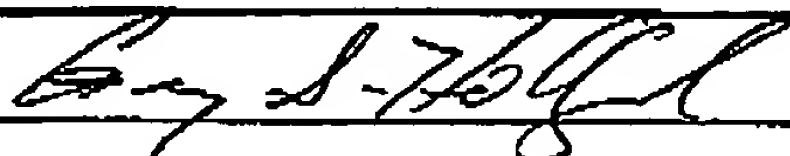
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/761,969	
	Filing Date	January 16, 2001	
	First Named Inventor	Garrity	
	Group Art Unit	1641	
	Examiner Name	Cook, L.V.	
Total Number of Pages in This Submission	23	Attorney Docket Number	A1712

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Greg S. Hollrigel Registration No. 45,374
Signature	
Date	10/15/03

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	Greg S. Hollrigel	
Signature		Date 10/15/03

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FEE TRANSMITTAL for FY 2004 <small>Patent fees are subject to annual revision.</small>		Complete If Known	
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Application Number	09/761,969
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	January 16, 2001
0		First Named Inventor	Garrity
		Group Art Unit	1641
		Examiner Name	Cook, L.V.
		Attorney Docket No.	A1712
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 13-5135		Fee Code Fee (\$)	
Deposit Account Name Greg S. Hollrigel		Fee Code Fee (\$)	
The Commissioner is hereby authorized to: (check all that apply)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description			
Fee Paid			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 60 Provisional filing fee			
SUBTOTAL (1) (\$)		0	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 39 - 84 = 0			
Independent Claims 1 - 7 = 0			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description			
Fee Paid			
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 43 Independent claims in excess of 3			
1203 280 2203 145 Multiple dependent claim, if not paid			
1204 88 2204 43 Reissue independent claims over original patent			
1205 18 2205 9 Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0	
*or number previously paid, if greater. For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Greg S. Hollrigel		Registration No. (Attorney/Agent)	45,374
Signature		Telephone	949-450-1750
		Date	October 15, 2003